

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1009

5586

-63-021431

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 3 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN Webster Groves |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stone Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 55 Sylvester Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First James Middle Gillespie Last B. Coberly | | 4. DATE OF DEATH Month May Day 26 Year 1963 | |
| 5. SEX M | 6. COLOR OR RACE W. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/23/87 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY W. Virginia | 9. AGE (last birthday) 76 |
| 13a. FATHER'S NAME Wm. J. Coberly 1st. | | 13b. MOTHER'S MAIDEN NAME Martha Pickens | 11. BIRTHPLACE (City and state or country) Gilmer Co. W. VA. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) yes WW I | | 12. CITIZEN OF WHAT COUNTRY USA. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro vascular accident DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Generalized arteriosclerosis 2) Arterio-sclerotic heart disease | | 14. NAME OF HUSBAND OR WIFE Edith S. Coberly 16. SOCIAL SECURITY NO. 020 C. A. Coberly, 316 Oak Manor La. 17. INFORMANT 331 X | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 8:30 a.m. p.m. Month, Day, Year May 27, 1963 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Elizabeth, W. Virginia | |
| 21. I attended the deceased from Aug 27, 1960 to May 26, 1963 and last saw him alive on May 26, 1963 Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) James B. Jones M.D. | |
| 22b. ADDRESS 9213 Manchester St. Louis 19 Mo. | | 22c. DATE SIGNED May 27, 1963 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5/28/63 | 23c. NAME OF CEMETERY OR CREMATORY Local Cemetery | 23d. LOCATION (City, town, or county) Elizabeth, W. Virginia |
| 24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves, Mo. | | 25. DATE RECD. BY LOCAL REG. MAY 27 1963 | |
| 26. REGISTRAR'S SIGNATURE Roald Smith, M.D. | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.